

Application for a Preliminary Native Language Speaker Authorization

State of Iowa
Board of Educational Examiners
Licensure
Grimes State Office Building
400 E. 14th St.
Des Moines, Iowa 50319-0147

Revised 2/13

WE WANT TO DO AN EXCELLENT JOB FOR YOU. HERE IS HOW YOU CAN HELP:

1. Complete Section I of this form and have your administrator complete Section II.
2. Include official transcripts (issued to you) showing the completion of a bachelor's degree.
3. Submit background check materials including the waiver form and two fingerprint cards (or come to our office to be fingerprinted).
Background check materials may be ordered on our website at www.boee.iowa.gov
4. Include the license fee of \$85 and the background check fee of \$65 (one check may be written for \$150, payable to the Board of Educational Examiners).
5. Send all materials to: **State of Iowa, Board of Educational Examiners/ Licensure,
Grimes State Office Building, 400 E. 14th St., Des Moines, Iowa 50319-0147.**
6. Please allow 6 to 8 weeks to process.

**ALL FEES ARE NONREFUNDABLE.
Incomplete applications will be void after 45 days.**

SECTION I:

Applicant's Folder # (To Be Assigned by BoEE Office)	Social Security #	Date of Birth Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Evening Phone ()	Daytime Phone ()	Email Address	

It is required that ALL of the following coursework be completed before or during the term of the Preliminary Native Language Speaker Authorization. If you have already completed any of this work, please check the course and include transcripts for all courses completed.

- ☐ Methods of teaching
☐ Curriculum development (course planning and construction)
☐ Measurement and evaluation of students and program (often called Educational Psychology)
☐ Classroom management
☐ Ethics and communication
☐ Diversity training including human relations and exceptional learners
☐ Assessment of native language - applicant must provide verification of successfully passing the Iowa mandated assessments.
 Contact the BOEE for a list of required assessments.

Background Information:

For any "Yes" response attach a written explanation on 8 1/2 x 11" paper. Be sure to include the date of the violation. DO NOT explain on this application form. *If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of "Yes" on this application if no further conviction(s) has occurred.

- a. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a felony?
 b. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a crime other than parking or speeding violations?
 (NOTE: Include all deferred judgments)
 c. Yes ☐ No ☐ Do you currently have any criminal charges pending against you?
 d. Yes ☐ No ☐ PR ☐ Have you ever had a founded report of abuse made against you?
 e. Yes ☐ No ☐ PR ☐ Have you ever had an educational license denied, revoked, or suspended?

SECTION I (Continued)

Statement of Fraud: Fraud in procurement of a license or falsifying records for licensure purposes will constitute grounds for filing a complaint with the Iowa Board of Educational Examiners.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding information is true and correct.

I hereby give permission for the Board of Educational Examiners to conduct both an Iowa criminal history record check with the Division of Criminal Investigation and a national check through the Federal Bureau of Investigation. Any information maintained by the DCI or the FBI may be released as allowed by law.

Signature of Applicant

Date

SECTION II - TO BE COMPLETED BY ADMINISTRATOR IN THE HIRING SCHOOL DISTRICT (type or print)

The _____ school system requests that _____
(Name of applicant)

be issued a Preliminary Native Language Speaker Authorization for the following assignment (s) (building/level/courses):

We have conducted a Diligent Search for this position and have been unsuccessful in filling this position with a fully certified teacher.

1. How many times was this position advertised? _____
2. Where was this position advertised? . _____
3. How many applicants applied for this position? _____
4. How many properly endorsed applicants applied for this position? _____
5. What is your justification for not employing individuals who are properly licensed? _____

6. Other information relevant to the choice of this individual. _____

Mentor for this applicant (mentor has a minimum of four years of teaching experience in a related subject area):

(Mentor name)

(Mentor folder number)

I verify that the applicant will instruct only in the foreign language in which he/she is endorsed and that the applicant will instruct only those students who are enrolled in that specific program.

This request is for the period beginning with the following school year: 20____ - 20____.

Beginning date of Employment: ____/____/____.

(Administrator's signature)

(Print or type administrator's name)

(Phone #)

____/____/____
(Date)

(Administrator's folder number)